

OCT 17 2002
PATENT & TRADEMARK OFFICE

Docket No.: PF-0614-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on October 10, 2002.
By: Sig Printed: Lyza Finulian

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

OCT 24 2002

TECH CENTER 1600/2900

In re Application of: Bandman et al.

Title: PROTEIN KINASE HOMOLOGS

Serial No.: 09/870,962

Filing Date:

May 30, 2001

Examiner: Monshipouri, M.

Group Art Unit: 1652

Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. 121
and
PRELIMINARY AMENDMENT

Sir:

This paper is responsive to the Restriction Requirement and Request for Election dated September 12, 2002, setting a one (1) month term for response. Prior to examination of the application, please amend the specification of the above-identified application as listed below.

IN THE CLAIMS

Please cancel claims 10 and 16-53 without prejudice or disclaimer.

Please amend claims 13, 15 and add new claims 63-81.

For the Examiner's convenience, all pending claims are listed below. Attached hereto is a marked-up version of the changes made to the claims by the current amendment. The attached page is captioned "Version with markings to show changes made."

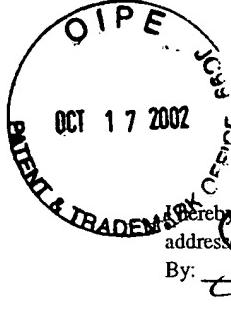
10/21/2002 WABDELR1 00000094 090108 09870962

01 FC:1201 168.00 CH
02 FC:1202 342.00 CH

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09/870,962



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Docket No.: PF-0614-2 DIV

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Washington, D.C. 20231

FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Response to Restriction Requirement (22 pp.).

The fee has been calculated as shown below.

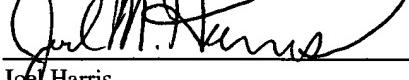
Claims	Claims After Amendment	=	Claims Previously Paid For	Present Extra	Other Than Small Entity Rate	Fee	Additional Fees)
Total	42	-	23	19	x\$18.00	342.00	\$ 342.00
Indep.	5	-	3	2	x\$84.00	168.00	\$ 168.00
First Presentation of Multiple Dependent Claims						+280.00	\$ 0
						Total Fee:	\$ 510.00

X Please charge Deposit Account No. 09-0108 in the amount of: \$ 510.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A **duplicate copy of this sheet is enclosed**.

Respectfully submitted,

INCYTE GENOMICS, INC.


Joel Harris
Reg. No. 44,743
Direct Dial Telephone: (650) 845-4866

Date: Oct 10, 2002

Customer No.: 27904

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